Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection	
	C C00490375
Check if X 24-hour report 48-hour report New report Amends report filed	I on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
California Nurses Association	M M / D D / Y Y Y Y
Mailing Address 155 Grand Avenue	04 09 2016 Amount
City State Zip Code	3854.00
Oakland CA 94612	Transaction ID: D712354 Date of Disbursement or Obligation
Purpose of Expenditure Radio Category/ Type	03 / 15 / 2016
Name of Federal Candidate Support Office	e Sought: House District: 00
Bernie Sanders Oppose	President Senate State: WY
Calendar Year-To-Date Per Election for Office Sought  Disbut 2016	ursement For:
Full Name of Payee CSULB	Date of Public Distribution/Dissemination
AA-Than Addana	04 07 2016
Mailing Address 1250 Bellflower Blvd	Amount
SSPA 010B	
City State Zip Code	860.00
Long Beach CA 90840-4601	Transaction ID : D712065  Date of Disbursement or Obligation
Purpose of Expenditure Advertising  Category/ Type	04 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offic	e Sought: House District: 00
Remie Sanders	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought  Disb 2016	ursement For:
, <b>-</b>	
(a) SUBTOTAL of Itemized Independent Expenditures	4714.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
	7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Martha Kuhl  [Electronically Filed] Date	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	2010

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection	C C00490375
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date	e of Public Distribution/Dissemination
The Poly Post	M 04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3801 W. Temple Ave	ount
City State Zip Code	1140.00
Pomona CA 91768 Trai	nsaction ID : D712037 e of Disbursement or Obligation
Purpose of Expenditure Advertising  Category/ Type	M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ght: House District:00
Bernie Sanders Oppose Pres	ident Senate State: CA
Calendar Year-To-Date Per Election for Office Sought  Disbursem 2016	ent For:
	te of Public Distribution/Dissemination
Associated Students	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address c/o The Lumberjack Newspaper Am	ount
1 Harpst St	
City State Zip Code	582.75
Date	saction ID : D712067 te of Disbursement or Obligation
Purpose of Expenditure Advertising  Category/ Type	04 / 06 / 2016
Name of Federal Candidate Support Office Sou	ight: House District:00
Paratic Considera	sident Senate State: CA
Calendar Year-To-Date Per Election for Office Sought  Disbursem 2016	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	1722.75
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Martha Kuhl  [Electronically Filed] Date 04	14 2016
Signature	

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ooneduic Ly		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New re	eport Amends report filed	I on M M / D D / Y Y Y Y
Full Name of Payee		Date of Public Distribution/Dissemination
Autumn Press		04 11 2016
Mailing Address 945 Camelia St		Amount
City State	Zip Code	4624.96
Berkeley CA	94710-1437	Transaction ID : D712006 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	04 09 7 2016
Name of Federal Candidate	Support Office	e Sought: House District: 00
Bernie Sanders		President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	Disb 12139.77 2016	ursement For: Primary General
	12.0011	Other (specify)
Full Name of Payee Golden Gate Xpress		Date of Public Distribution/Dissemination
Mailing Address 1600 Holloway Ave		04 13 2016
HUM 307		Amount
City State	Zip Code	1090.00
San Francisco CA	94132	Transaction ID : D712040  Date of Disbursement or Obligation
Purpose of Expenditure Advertising	Category/ Type	04 09 2016
Name of Federal Candidate	Support Office	e Sought: House District: 00
Bernie Sanders		President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	12139.77 Disb 2016	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		5714.96
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	<b>&gt;</b>	
Under penalty of perjury I certify that the independent expenditur with, or at the request or suggestion of, any candidate or authoriz party committee) any political party committee or its agent.		
Martha Kuhl [Electr	conically Filed] Date	04 14 2016
Signature	, Date	

PAGE 3

### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	VI EXI END	TTOTILO		PAGE 4 OF 8 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Pi	rotoction			FEC IDENTIFICATION NUMBER ▼
National Nuises Office for Patient Pl	otection			C C00490375
Check if 24-hour report 48-hour report	New rep	oort Amends repo		M = M / D = D / Y = Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Autumn Press  Mailing Address 945 Camelia St			[	04 12 2016
945 Camelia St			Amo	unt
City	State	Zip Code		415.33
Berkeley	CA	94710-1437		saction ID : D712007 of Disbursement or Obligation
Purpose of Expenditure Printing		Category/ Type	] [	04 / 13 / 2016
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Bernie Sanders		Oppose	Presid	dent Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	12139.77	Disburseme 2016	nt For:
Full Name of Payee			Date	of Public Distribution/Dissemination
California Nurses Association				04 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 155 Grand Avenue			Amo	unt
City	State	Zip Code	— r	324.00
Oakland	CA	94612		action ID : D712045 of Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type	] [	M 04 / 13 / 2016
Name of Federal Candidate		X Support	Office Soug	ht: House District: 00
Bernie Sanders		Oppose	X Presid	dent Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	7	12139.77	Disburseme 2016	ont For:
(a) SUBTOTAL of Itemized Independent Expenditu	res			739.33
( <b>L) COLUMN</b> OF THE OFFICE O				133.00
(b) SUBTOTAL of Unitemized Independent Expend	litures		· •	
(c) TOTAL Independent Expenditures			•	7 . 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized			
Martha Kuhl	[Electron	nically Filed] Date	9 04	14 2016
Signature				

Sch	edule E)	101120		PAGE 5 OF 8 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Na	tional Nurses United for Patient Protection			C C00490375
Chec	ck if 24-hour report 48-hour report New report	ort Amends repo	ort filed on	/ M / D D / Y D Y D Y
] F	Full Name of Payee California Nurses Association			of Public Distribution/Dissemination
N	Mailing Address 155 Grand Avenue		— L	04 11 2016
			Amou	ınt
		Zip Code		144.75
	Oakland CA	94612		saction ID : D712046 of Disbursement or Obligation
	Purpose of Expenditure Payroll	Category/ Type		04 / 13 / 2016
N	Name of Federal Candidate	X Support	Office Sough	nt: House District: 00
L	Bernie Sanders	Oppose	X Presid	ent Senate State: CA
	Calendar Year-To-Date Per Election for Office Sought	12139.77	Disbursemer 2016	nt For:
	Full Name of Payee			of Public Distribution/Dissemination
	California Nurses Association			04 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	Mailing Address 155 Grand Avenue			
			Amou	unt
	City State	Zip Code		200.00
	Oakland CA	94612		action ID : D712047 of Disbursement or Obligation
	Purpose of Expenditure Online Ad	Category/ Type	$\exists \mid \Box$	04 / 13 / 2016
1	Name of Federal Candidate	X Support	Office Sough	ht: House District: 00
	Bernie Sanders	Oppose	X Presid	lent Senate State: DC
	Calendar Year-To-Date	200.00	Disbursemer	nt For: Primary General
	Per Election for Office Sought	200.00		Other (specify)
(a	) SUBTOTAL of Itemized Independent Expenditures			344.75
(b	substant of Unitemized Independent Expenditures		· •	7
(с	) TOTAL Independent Expenditures		· •	7 1 7 1 7
wi	nder penalty of perjury I certify that the independent expenditures th, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.			
		ically Filed] Date	e 04 /	14 2016
	Signature			

	FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER	,
National Nurses United for Patient Protection	C C00490375	]
Check if 24-hour report 48-hour report Nev	v report Amends report filed on Amends report	]
Full Name of Payee	Date of Public Distribution/Dissemination	
National Nurses United	04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 155 Grand Avenue	Amount	
City State	Zip Code 289.00	
Oakland CA	94612 Transaction ID : D712050 Date of Disbursement or Obligation	_
Purpose of Expenditure Equipment Expense	Category/ Type 04 13 2016	
Name of Federal Candidate	Support Office Sought: House District: 00	
Bernie Sanders	Oppose President Senate State: CA	_
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶	ıl —
Full Name of Payee Alliance Graphics	Date of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1101 8th Street	Amount	
City State	Zip Code 938.48	
Berkeley CA	94710 Transaction ID : D712055  Date of Disbursement or Obligation	
Purpose of Expenditure Printing	Category/ Type 04 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate	Support Office Sought: House District: 00	
Bernie Sanders	Oppose President Senate State: CA	_
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:	al 
(a) SUBTOTAL of Itemized Independent Expenditures		]
(b) SUBTOTAL of Unitemized Independent Expenditures		]
(c) TOTAL Independent Expenditures	······································	]
	tures reported herein were not made in cooperation, consultation, or concert orized committee or agent of either, or (if the reporting entity is not a political	
	ectronically Filed] Date 04 14 2016	
Signature		

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		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
Transmar Transco Office for Fatient Froteofion		C C00490375
Check if $X$ 24-hour report 48-hour report $X$ New report	port Amends report file	ed on Man / Dad / Yayayay
Full Name of Payee Santa Rosa Junior College		Date of Public Distribution/Dissemination
		04 11 2016
Mailing Address Accounting		Amount
City State	Zip Code	630.00
Santa Rosa CA	95401	Transaction ID : D712060 Date of Disbursement or Obligation
Purpose of Expenditure Ad	Category/ Type	04 / 13 / 2016
Name of Federal Candidate	X Support Offi	ice Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	Dis 201	bursement For:
Full Name of Payee	<u>'</u>	Date of Public Distribution/Dissemination
The Orion CSU		04 13 2016
Mailing Address Chico Dept. of Journalism		Amount
Zip 600 City State	Zip Code	750.00
Chico CA	95926	Transaction ID : D712075  Date of Disbursement or Obligation
Purpose of Expenditure Advertising	Category/ Type	04 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Off	ice Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	12139.77 Dis	Sbursement For: Primary General  Other (specify)   Other
(a) SUBTOTAL of Itemized Independent Expenditures	<b>&gt;</b>	1380.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Martha Kuhl [Electron	nically Filed] Date	04 14 2016
Signature		

PAGE

Bernie Sanders  Oppose  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee  Date of Public Distribution/Disseminati  Mailing Address  Amount  City  State  Zip Code  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Support  Oppose  President  Senate State: Company  Disbursement For:  Primary  Ger  2016  Other (specify) ▶  Date of Public Distribution/Disseminati  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Support  Oppose  President  Senate State: Company  Dotted  Other (specify) ▶  Date of Disbursement or Obligation  Purpose of Expenditure  Support  Oppose  President  Senate State: Company  Primary  Ger  2016  Other (specify) ▶  Date of Disbursement or Obligation  Purpose of Expenditure  Support  Oppose  President  Senate State: Company  Primary  Ger  2016  Other (specify) ▶  Date of Disbursement or Obligation  Support  Senate State: Company  President  Senate State: Company  Primary  Ger  2016  Other (specify) ▶  Date of Public Distribution/Dissemination  Amount  Support  Senate State: Company  District: Company  President  Senate State: Company  District: Company  Date of Disbursement or Obligation  Purpose of Expenditure  Support  Oppose  President  Senate State: Company  District: Company  Date of Public Distribution/Dissemination  Date of Public Distribution/Dissemination  Date of Public Distribution/Dissemination  Amount  Date of Public Distribution/Dissemination  Date of Public Distribution/Dissemination  Date of Public Distribution/Dissemination  Amount  City  Date of Public Distribution/Dissemination  Date of Disbursement of Date of Disbursement of Date of Disbursement of Date of Date of Date of Date of Date of Date	1/48
Check if	ER ▼
Check if  24-hour report  48-hour report	
California Nurses Association         Mailing Address       155 Grand Avenue         City       State       Zip Code       350.5t         Oakland       CA       94612       Transaction ID : D712124         Date of Disbursement or Obligation       D15 June 10 June 11 June 12	Y
Mailing Address 155 Grand Avenue  City State Zip Code Oakland CA 94612  Purpose of Expenditure Payroll  Name of Federal Candidate Bernie Sanders  Calendar Year-To-Date Per Election for Office Sought  Mailing Address  Amount  Office Sought: House District: Calendar Year-To-Date Per Election for Office Sought  Mailing Address  Category/ Type  Disbursement For: Primary Ger 2016  Other (specify) ▶  Date of Public Distribution/Disseminati  Mailing Address  Name of Federal Candidate  Support  Office Sought: House District: Calendar Year-To-Date Per Election for Office Sought  Category/ Type  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Date of Disbursement or Obligation  Date of Disbursement or Obligation  Purpose of Expenditure  Date of Disbursement or Obligation  Date of Date of Disbursement or Obligation	ation
City State Zip Code 350.5t  Cakland CA 94612  Purpose of Expenditure Payroll Category/ Type	
Oakland  CA 94612  Transaction ID: D712124 Date of Disbursement or Obligation  Purpose of Expenditure Payroll  Name of Federal Candidate Bernie Sanders  Calendar Year-To-Date Per Election for Office Sought  Mailing Address  City  State  Category/ Type  Category/ Type  Category/ Type  Disbursement For:  Primary Ger 2016  Other (specify)  Date of Disbursement or Obligation  Mailing Address  Amount  City  State  Category/ Type  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Support  Category/ Type  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Support  Category/ Type  Disbursement For:  Primary  Category/ Type  Name of Federal Candidate  Support  Category/ Type  Disbursement For:  Primary  Ger  Category/ Type  Disbursement For:  Primary  Ger  Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Disbursement For:  Primary  Ger  Disbursement For:  Primary  Primar	
Oakland  CA 94612  Transaction ID: D712124 Date of Disbursement or Obligation  Purpose of Expenditure Payroll  Name of Federal Candidate Bernie Sanders  Calendar Year-To-Date Per Election for Office Sought  Mailing Address  City  State  Category/ Type  Disbursement For:  Primary  Ger 2016  Other (specify)  Date of Disbursement or Obligation  Mailing Address  Amount  City  State  Category/ Type  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Support  Office Sought:  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Support  Oppose  President  Senate  State:  Oppose	50
Purpose of Expenditure Payroll  Name of Federal Candidate Bernie Sanders  Calendar Year-To-Date Per Election for Office Sought  City  State  Category/ Type  M M M Od / 13 / 2016  Office Sought: House District: Office Sought: President Senate State: Oppose  Disbursement For: Primary Ger 2016  Other (specify) ▶  Date of Public Distribution/Dissemination of Federal Candidate  Purpose of Expenditure  Category/ Type  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Support  Office Sought: House District: Oppose  President Senate State: Disbursement For: Primary Ger 2016  Oppose  Calendar Year-To-Date Disbursement For: Primary Ger 2016  Oppose  Oppose  Date of Disbursement or Obligation  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Bernie Sanders  Oppose  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee  Date of Public Distribution/Disseminati  Mailing Address  Amount  City  State  Zip Code  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Support  Office Sought:  House District:  Disbursement For:  Amount  Category/ Type  Name of Federal Candidate  Support  Oppose  President  Senate  State:  Oppose  Oppose  President  Senate  State:  Oppose  Disbursement For:  Primary  Get	6 6
Bernie Sanders  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee  Date of Public Distribution/Dissemination  Mailing Address  Amount  City  State  Zip Code  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Support  Category/ Type  Name of Federal Candidate  Support  Category/ Type  Disbursement For:   Disbursement For:   Disbursement For:   Disbursement or Obligation  President  Senate  State:   Category/ Type  Disbursement For:   Disbursement	00
Per Election for Office Sought  Full Name of Payee  Date of Public Distribution/Disseminati  Mailing Address  Amount  City  State  Zip Code  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Support  Office Sought:  House  Disbursement For:  Primary  Get  Category/ Type  Disbursement For:  Disbursement For:  Disbursement For:  Primary  Get	CA
Full Name of Payee  Date of Public Distribution/Dissemination  Mailing Address  Amount  City  State  Zip Code  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Support  Office Sought:  House  District:  Oppose  President  Senate  State:  Disbursement For:  Primary  Ger	eneral
Mailing Address  Amount  City State Zip Code  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Support Office Sought: House District:  Oppose President Senate State:  Calendar Year-To-Date  Par Election for Office Sought	ation
City State Zip Code  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Support Office Sought: House District: Oppose  President Senate State:  Calendar Year-To-Date Per Election for Office Sought	
Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Support Office Sought: Oppose President Senate State:  Calendar Year-To-Date Per Election for Office Sought	
Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Support Office Sought: House District: Oppose  President Senate State:  Calendar Year-To-Date Per Election for Office Sought	
Name of Federal Candidate  Support Office Sought: House District: Oppose President Senate State:  Calendar Year-To-Date Per Election for Office Sought	
Calendar Year-To-Date Per Election for Office Sought  Support  Oince Sought  Oppose  President  Senate  State:  Disbursement For:  Primary  Get	Y Y
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: Primary Ger	
Calendar Year-To-Date  Per Election for Office Sought  Gen	
Per Election for Office Sought Other (specify) ▶	eneral
(a) SUBTOTAL of Itemized Independent Expenditures	50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	77
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or con with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Martha Kuhl  [Electronically Filed] Date 04 14 2016	
Signature	

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